STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002858	A. BUILDING: _____ B. WING _____	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING POINTE OF FRANKLIN	75 S MILFORD DR FRANKLIN, IN 46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: August 27, 28, and 29, 2013 Facility number: 002858 Provider Number: 002858 AIM number: N/A Survey Team: Leia Alley, RN-TC Patty Allen, Medical Surveyor Census bed type: Residential: 44 Total: 44 Census payor type: Other: 44 Total: 44 Sample: 9 Morning Pointe of Franklin was found to be in compliance with 410 IAC 16.2. in regard to the State Residential Licensure Survey. Quality Review 08/29/13 by Lisa McColly	R 000		